

DT07 Rec'd PCT/PTO 2004

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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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## TRANSMITTAL LETTER TO THE UNITED STATES DESIGNATED/ELECTED OFFICE (DO/EO/US) **CONCERNING A SUBMISSION UNDER 35 U.S.C. 371**

ATTORNEY'S DOCKET NUMBER 0380-P03542US0

U.S. APPLICATION NO. (If known see 37 CRS 1.6) not yet assigned by

			100007						
	SB2003/002645	INTERNATIONAL FILING DATE 17 June 2003	PRIORITY DATE CLAIMED 21 June 2002						
TITLE OF PLAN	INVENTION I-DERIVED TRANSFERASE	GENES							
APPLICA MART	NT(S)FOR DOÆO/US IN, Catherine Rosemary	y; MICHAEL, Anthony;	NIGGEWEG, Ricarda						
Applican	t herewith submits to the United Sta	ates Designated/Elected Office (DO/EC	/US) the following items and other information:						
1. X	This is a FIRST submission of items co	oncerning a submission under 35 U.S.C. 371							
2.	This is a SECOND or SUBSEQUENT s	submission of items concerning a submission	n under 35 U.S.C. 371.						
з. 🔲	This is an express request to begin national examination procedures (35 U.S.C. 371(f)). The submission must include items (5), (6), (9) and (21) indicated below.								
4.	The US has been elected (Article 31).								
5. X	A copy of the International Application	n as filed (35 U.S.C. 371(c)(2))							
	a. is attached hereto (required	only if not communicated by the Internation	al Bureau).						
	b. X has been communicated by	the International Bureau.							
	c. is not required, as the applic	cation was filed in the United States Receiving	ng Office (RO/US).						
6.	An English language translation of the International Application as filed (35 U.S.C. 371(c)(2)).								
<i>)</i>	a. is attached hereto.								
_	b. has been previously submit	tted under 35 U.S.C. 154(d)(4).							
7.	Amendments to the claims of the International Application under PCT Article 19 (35 U.S.C. 371(c)(3))								
	a. are attached hereto (requir	red only if not communicated by the Internati	ional Bureau).						
	b. have been communicated	by the International Bureau.							
	c. have not been made; how	ever, the time limit for making such amendm	ents has NOT expired.						
2	d. have not been made and v	will not be made.							
8.	An English language translation of th	e amendments to the claims under PCT Arti	cle 19 (35 U.S.C. 371(c)(3)).						
9.	An oath or declaration of the inventor	(s) (35 U.S.C. 371(c)(4)).	·						
10.	An English language translation of the Article 36 (35 U.S.C. 371(c)(5)).	e annexes of the International Preliminary Ex	camination Report under PCT						
Items	11 to 20 below concern document(s	) or information included:							
11.	An Information Disclosure Statement	under 37 CFR 1.97 and 1.98.							
12.	An assignment document for recording	ng. A separate cover sheet in compliance with	h 37 CFR 3.28 and 3.31 is included.						
13. X	A preliminary amendment.								
14.	An Application Data Sheet under 37 C	CFR 1.76.							
15.	A substitute specification.								
16. 🔲	A power of attorney and/or change of	address letter.							
17.	A computer-readable form of the sequ	uence listing in accordance with PCT Rule 13	3ter.2 and 37 CFR 1.821- 1.825.						
18.	A second copy of the published Intern	national Application under 35 U.S.C. 154(d)(4	4).						
19.		ge translation of the international application	under 35 U.S.C. 154(d)(4).						
20. X	Other items or information: Copy	of Form PCT/IB/308							

This collection of information is required by 37 CFR 1.414 and 1.491-1.492. The information is required to obtain or retain a benefit by the public, which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 15 minutes to complete USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop PCT, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DT01 Rec'd PCT/PTC 20 DEC 2004

PT0-1390 (Rev. 12-2004)

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10   10   10   10   10   10   10   10	U.S. APPLICAT	U.S. APPLICATION NO. (if known, see 27 CER 25) INTERNATIONAL APPLICATION NO. ATTORNEY'S DOCKET NUMB						KET NUMBER	
21. The following fees are submitted:   300.00   \$300.	not yet assigned						0380-P0\$542US0		
Sample   S	21. The following fees are submitted:						Applicant use	Office use only	
★   Search fee									
TOTAL OF ABOVE CALCULATIONS = \$1,000.00 \$1,000	X b) Examin	b) Examination fee\$200.00							
Additional fee for specification and disordings field in apper over 100 sheets (excluding sequence listing or computer program listing field in a electronic medium). The fee is \$250 for each additional 50 sheets of paper or fraction thereof.  Total Sheets  Extra sheets  Number of each additional 50 or fraction thereof (round up to a whole number)  100 = 1/5	X c) Search t	X c) Search fee\$500.00							
L disting or computer program listing filed in an electronic medium). The fee is \$250 for each additional 50 sheets of paper of fraction thereof.  Total Sheets		TOTAL OF ABOVE CAL	CULATIO	NS =			\$1,000.00		
thereof (round up to a whole number)    Surcharge of \$130.00 for furnishing the cath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(l)).    CLAIMS	L J listing or co	Additional fee for specification and drawings filed in paper over 100 sheets (excluding sequence listing or computer program listing filed in an electronic medium). The fee is \$250 for each							
Surcharge of \$130.00 for furnishing the oath or declaration later than 30 months from the earliest claimed priority date (37 CFR 1.492(e)).  CLAIMS NUMBER FILED NUMBER EXTRA RATE \$  Total claims 35 - 20 = 15	Total Sheets	Extra sheets		nber of each additional 50 or fraction RATE					
claimed priority date (37 CFR 1.492(p)).  CLAIMS  NUMBER FILED  NUMBER FILED  NUMBER STRA  RATE  Total claims  35	- 100 =	/50 =				× \$250.00	\$		
Total claims 35 - 20 = 15			ath or decla	ration later than 30 months from	n the	earliest	\$		
Independent claims 3. 3 = 0. x \$200.00 \$  MULTIPLE DEPENDENT CLAIM(S) (if applicable) + \$360.00 \$  TOTAL OF ABOVE CALCULATIONS = \$1,7750.00 \$  Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by %.  SUBTOTAL = \$1,7750.00 \$  Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  TOTAL NATIONAL FEE = \$1,750.00 \$  Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + TOTAL FEES ENCLOSED = \$1,7.50.00 \$  Amount to be refunded: Amount to be charged \$  2. X A check in the amount of \$1,750.00 to cover the above fees is enclosed.  3. X A check in the amount of \$1,750.00 to cover the above fees is enclosed.  4. X A check in the amount of \$1,70.00 to cover the above fees is enclosed.  5. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-140C, A duplicate copy of this sheet is enclosed.  6. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-140C, A duplicate copy of this sheet is enclosed.  7. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 14-140C, A duplicate copy of this sheet is enclosed.  8. X A check in the amount of \$1,750.00 to cover the above fees. A duplicate copy of this sheet is enclosed.  8. X A check in the amount of \$1,750.00 to cover the above fees is enclosed.  9. X A check in the amount of \$1,750.00 to cover the above fees is enclosed.  9. X A check in the amount of \$1,750.00 to cover the above fees in the amount of \$1,750.00 to cover the above fees. A duplicate copy of this sheet is enclosed.  10. X A check in the amount of \$1,750.00 to cover the above fees in the amount of \$1,750.00 t	CLAIMS	NUMBER FIL	.ED	NUMBER EXTRA		RATE	\$		
MULTIPLE DEPENDENT CLAIM(S) (if applicable)  TOTAL OF ABOVE CALCULATIONS = \$1,7750.00  Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by %.  SUBTOTAL = \$1,7250.00^  Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  TOTAL NATIONAL FEE = \$1,750.00  Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property  TOTAL FEES ENCLOSED = \$1,7.50.00  Amount to be refunded: Amount to be charged  A check in the amount of \$1,750.00 to cover the above fees is enclosed.  Please charge my Deposit Account No. (A - 1.4.6.5) in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.  The Commissioner is persoby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A - 1.40.5) in the amount of \$ to cover the above fees.  Account No. (A - 1.40.5) A duplicate copy of this sheet is enclosed.  The Commissioner is persoby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A - 1.40.5) A duplicate copy of this sheet is enclosed.  The Commissioner is persoby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A - 1.40.5) A duplicate copy of this sheet is enclosed.  The Commissioner is persoby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A - 1.40.5) A duplicate copy of this sheet is enclosed.  The Commissioner is person authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A - 1.40.5) A duplicate copy of this sheet is enclosed.  The Commissioner is person authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account	Total claims	35	- 20 =		×	\$50.00	\$ 750.00		
TOTAL OF ABOVE CALCULATIONS = \$1,7.50.00  Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced \$  SUBTOTAL = \$1,7.50.00^{\circ}  Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  TOTAL NATIONAL FEE = \$1,7.50.00  Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied \$  TOTAL FEES ENCLOSED = \$1,7.50.00  Amount to be refunded:  Amount to be charged  A check in the amount of \$1,750.00 to cover the above fees is enclosed.  Please charge my Deposit Account No. (A-1) (C) in the amount of \$ to cover the above fees.  A duplicate copy of this sheet is enclosed.  The Commissioner is hareby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A-1) (B) A duplicate copy of this sheet is enclosed.  The Commissioner is hareby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A-1) (B) A duplicate copy of this sheet in enclosed.  The Commissioner is hareby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A-1) (B) A duplicate copy of this sheet in enclosed.  The Commissioner is hareby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A-1) (B) A duplicate copy of this sheet is enclosed.  The Commissioner is hareby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A-1) (B) A duplicate copy of this sheet is enclosed.  The Commissioner is hareby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. (A-1) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B	Independent clai	ms 3	- 3 =	0.]	×	\$200.00	\$		
Applicant claims small entity status. See 37 CFR 1.27. The fees indicated above are reduced by %.  SUBTOTAL = \$1,7450000  Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  TOTAL NATIONAL FEE = \$1,750.00  Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + TOTAL FEES ENCLOSED = \$1,7.50.00  Amount to be refunded: \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	MULTIPLE DEP	TIPLE DEPENDENT CLAIM(S) (if applicable) + \$360.00							
By %.  SUBTOTAL = \$1,71500000  Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest than 30 months from that the earliest the accompanied than 30 months from that the earliest than 30 months from that the earliest than 30 months from 40 months									
Processing fee of \$130.00 for furnishing the English translation later than 30 months from the earliest claimed priority date (37 CFR 1.492(f)).  TOTAL NATIONAL FEE = \$1,750.00  Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property		laims small entity status.	\$						
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Fee for recording the enclosed assignment (37 CFR 1.21(h)). The assignment must be accompanied by an appropriate cover sheet (37 CFR 3.28, 3.31). \$40.00 per property + TOTAL FEES ENCLOSED = \$1,7.50.00  Amount to be refunded: Amount to be charged \$  a. X A check in the amount of \$1,750.00 to cover the above fees is enclosed.  b. Please charge my Deposit Account No. Above in the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.  c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 44-1406 A duplicate copy of this sheet is enclosed.  d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103	-	· · ·							
TOTAL FEES ENCLOSED = \$1,7.50.00  Amount to be refunded: Amount to be charged \$  a. \( \times \) A check in the amount of \$\frac{1}{2}\) 750.00 to cover the above fees is enclosed.  b. \( \times \) Please charge my Deposit Account No. \( \frac{1}{2}\) 4.5 in the amount of \$\frac{1}{2}\) to cover the above fees. A duplicate copy of this sheet is enclosed.  c. \( \times \) The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. \( \frac{0}{4}\) 1400. A duplicate copy of this sheet is enclosed.  d. \( \times \) Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  \$\frac{5}{2} \text{END ALL CORRESPONDENCE TO:} \text{Kathleen D. Rigaut, Ph.D., J.D.} \\ DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103				TOTAL N	ATI	ONAL FEE =	\$1,7.50.00		
Amount to be refunded:  Amount to be charged  a. X A check in the amount of \$ 1,750.00 to cover the above fees is enclosed.  b. Please charge my Deposit Account No. A to the amount of \$ to cover the above fees. A duplicate copy of this sheet is enclosed.  c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1406. A duplicate copy of this sheet is enclosed.  d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103  NAME					be a	ccompanied +	\$		
Amount to be refunded:  Amount to be charged  Amount to be charged  \$  a. X A check in the amount of \$ 1,750.00							\$1,7:50.00		
a. X A check in the amount of \$ 1,750.00 to cover the above fees is enclosed.  b. Please charge my Deposit Account No. ^ 4 - 1 4 6 in the amount of \$	Amount to be refunded							\$	
Please charge my Deposit Account No	Amount to be charged \$							\$	
A duplicate copy of this sheet is enclosed.  c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1406. A duplicate copy of this sheet is enclosed.  d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Kathleen D. Rigaut, Ph.D., J.D.  Philadelphia, Pennsylvania 19103  NAME	a. X A chec	k in the amount of $\frac{1}{2}$	750.00	to cover the above	fees	s is enclosed.			
c. X The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 04-1406. A duplicate copy of this sheet is enclosed.  d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Kathleen D. Rigaut, Ph.D., J.D.  Philadelphia, Pennsylvania 19103  NAME	b. Please A dupli	charge my Deposit Acco	enclosed.	$\frac{\Delta-1}{2}$ in the amount of \$		to co	over the above fees.		
d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.  SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Kathleen D. Rigaut, Ph.D., J.D.  Philadelphia, Pennsylvania 19103  NAME	c. X The Co Accoun								
SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN 1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103  NAME  SEND ALL CORRESPONDENCE TO:  Kathleen D. Rigaut, Ph.D., J.D.  NAME	d. Fees are to be charged to a credit card. WARNING: Information on this form may become public. Credit card information should not								
Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103  Kathleen D. Rigaut, Ph.D.,,J.D.  NAME	NOTE: Where an appropriate time limit under 37 CFR 1.495 has not been met, a petition to revive (37 CFR 1.137(a) or (b)) must be filed and granted to restore the International Application to pending status.								
Kathleen D. Rigaut, Ph.D., J.D.  DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103  Kathleen D. Rigaut, Ph.D.,,J.D.  NAME	SEND ALL CORRESPONDENCE TO:								
DANN, DORFMAN, HERRELL AND SKILLMAN  1601 Market St., Suite 2400  Philadelphia, Pennsylvania 19103  NAME  /SIGNATURE Kathleen D. Rigaut, Ph.D.,,J.D.									
Philadelphia, Pennsylvania 19103 NAME	DANN, DORFMAN, HERRELL AND SKILLMAN /SIGNATURE								
•								D.,,J.D.	
45,047	•								
Customer No. 000110 REGISTRATION NUMBER									

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DANN, DORFMAN, HERRELL AND SKILLMAN

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COMMISSIONER FOR PATENTS P.O. Box 1450 Alexandria, VA 22313-1450	DATE OF MAILING 20 December 2004
BOX PCT	APPLICANT'S OR AGENT'S FILE REF. 0380-P03542USO
IDENTIFICATION OF THE IN	NTERNATIONAL APPLICATION
INTERNATIONAL APPLICATION NO. PCT/GB2003/002645	INTERNATIONAL FILING DATE 17 June 2003
APPLICANT (name) PLANT BIOSCIENCE LIMITED et al	
TRANSMITTAL OF LETTER TO THE UNITED DESIGNATED/ELECTED OFFICE (DO/EO/US)	

## CERTIFICATE OF MAILING BY EXPRESS MAIL UNDER 37 C.F.R. §1.10

	_	EV374764508US				LABEL	MAIL	EXPRESS	OF	NO.
DATE OF DEPOSIT WITH POSTAL SERVICEDecember 20, 2004		2004	20,	December	SERVICE	POSTAL	WITH	DEPOSIT	OF	DATE

I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. §1.10 on the date indicated above, and is addressed to Mail Stop PCT, COMMISSIONER FOR PATENTS, P.O. Box 1450, Alexandria, VA 22313-1450

Jane C. Bogan
Name of Person Mailing Paper or Fee

Signature of Person Mailing Paper or Fee